

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044154

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 19 1962

Primary Registration District No.

1003

Registrar's No.

10643

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis, Mo.**

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Louis City Hospital.#1**Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY
OR TOWN

ST. LOUIS

Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS

1251 HICKORY ST.

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Mary

Middle

E

Last

Duggan

4. DATE
OF DEATH

Month

Day

Year

November 4, 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

MAR 27 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED BOOKKEEPER MO. STATE LIFE INS.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

WATERLOO ILL

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

JACOB HOLZMEIER

13b. MOTHER'S MAIDEN NAME

MARY EMILY TALBOTT

14. NAME OF HUSBAND OR WIFE

JOHN DUGGAN (DECD)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ROSETTA FORNESS 4914 LANSDOWNE

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aspiration PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Vascular Thrombosis

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ NO ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/24/62 to 11/4/62 and last saw her him alive on 11/4/62

Death occurred at 6:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John M. Donough M.D.

22b. ADDRESS

1515 Lafayette Ave.

22c. DATE SIGNED

11/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

NOV. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

(State)

24. FUNERAL DIRECTOR

Thomas Kutia 2906 Gravois

25. DATE REC'D BY LOCAL REG.

NOV 7 1962

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

USE BLACK INK
OR
TYPEWRITER RIBBON

Mc Donough

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Poirce

Licensed Embalmer No. 3403

P. O. Address 2906 Garret

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.